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## BIB DATA SHEET

CONFIRMATION NO. 4929

| SERIAL NUMBER | FILING or 371(c)<br>DATE<br>RULE | CLASS | GROUP ART UNIT | ATTORNEY DOCKET NO. |
|---------------|----------------------------------|-------|----------------|---------------------|
| 10/577,995    |                                  | 428   | 4174           | 016782-0358         |

**APPLICANTS**

Stijn Vancompernolle, Gent, BELGIUM;  
 Paul Bruyneel, Welsbeke, BELGIUM;  
 Bert Vanderbeken, Waregem, BELGIUM;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP04/52557 10/15/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

EUROPEAN PATENT OFFICE (EPO) 03104053.8 11/03/2003

**\*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

01/17/2007

| Foreign Priority claimed       | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Met after Allowance | STATE OR COUNTRY | SHEETS DRAWINGS | TOTAL CLAIMS | INDEPENDENT CLAIMS |
|--------------------------------|---|--|------------------|-----------------|--------------|--------------------|
| 35 USC 119(a-d) conditions met | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | <u>Initials</u>                              | BELGIUM          | 4               | 14           | 1                  |

**ADDRESS**

FOLEY AND LARDNER LLP  
 SUITE 500  
 3000 K STREET NW  
 WASHINGTON, DC 20007  
 UNITED STATES

**TITLE**

Fine steel cord with a low structural elongation

|                                   |   |  |
|-----------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>900 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |
|                                   |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |
|                                   |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |
|                                   |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |
|                                   |   | <input type="checkbox"/> Other _____                         |
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